

KENTUCKY TEACHERS' RETIREMENT SYSTEM
479 Versailles Road, Frankfort, Kentucky 40601-3800, PH 502/848-8500

LOST SERVICES/PERSONAL CONTRIBUTIONS CERTIFICATION FORM

For Fiscal Year _____

Member Name	Social Security Number or KTRS Member Number
Member Address/City/State/ ZIP	

**Please provide the following applicable information. See instructions on the reverse side.
Check the applicable box for type of service.**

SUBSTITUTE <input type="checkbox"/>	Number of Days Substituted.	Total number of days for this position in a normal contract year	Amount of Salary Earned	Amount of Contributions Withheld	Total salary the employee would have earned in the position if the employee had worked a normal contract year.
	 	 	\$ 	\$ 	\$

PART-TIME <input type="checkbox"/>	If service was part-time, what % of a normal or regular day did the employee work?	Total number of days for this position in a normal contract year.	Number of Full Days Worked	Amount of Salary Earned	Amount of Contributions Withheld	Total salary the employee would have earned in the position if the employee had worked a normal contract year
	 %	 	 	\$ 	\$ 	\$

Employee worked a full day or full-time but did NOT complete all the days in a normal contract year.

REGULAR <input type="checkbox"/>	Number of full days worked	Number of full days missed	Amount of Salary Earned	Amount of Contributions Withheld	Total number of days for this position in a normal contract year	Total salary employee would have earned in the position for the normal contract year
	 	 	\$ 	\$ 	 	\$

Did the employee have furlough days?	If YES, how many furlough days?	Did the employee begin work on the first day of the normal contract year?	If NO, how many days did the member miss after their hire date?	Did this position require employer matching (federally funded contributions)?	If YES, what is the amount of contract salary to be matched?	What is the amount of contract salary already matched?
Yes <input type="checkbox"/> No <input type="checkbox"/>	 	Yes <input type="checkbox"/> No <input type="checkbox"/>	 	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ 	\$

CERTIFICATION OF AGENCY OFFICIAL

I certify that the information provided accurately reflects this employee's employment and earnings information as it relates to KTRS.



School/Agency	
Signature of Certifying Official	Date
Email Address	Phone Number

Instructions for completing the Lost Services/Personal Contributions Certification Form

The employer is to complete this form for all persons whose employment qualifies them for membership in the Kentucky Teachers' Retirement System and who desire to make a personal payment and obtain service credit. This form can be used for the following types of service:

1. **Substitute Service** - The member may purchase the balance of the year if they have been employed at least 70% of the fiscal year.
2. **Part-Time Service**
 - a. The member must have been employed at least 70% of the time but less than 100%, must have had contributions deducted, but must desire to purchase credit sufficient to equal 100%.
3. **Full-Time Service** - The member must have been employed 100% of time but worked less than the total number of days specified in the contract and must desire to obtain either additional service credit, salary credit, or both.
4. Any combination of the above types of service.

Please complete each blank in the category of service you are certifying.

If you have any questions, please contact the **Kentucky Teachers' Retirement System at 479 Versailles Road, Frankfort, Kentucky 40601-3800** or phone **(502) 848-8500**.

Remember, in almost all situations, the member's personal payment is due in the KTRS office by the end of the calendar year following the fiscal year in which the service occurred.